



Complete Summary

GUIDELINE TITLE

Oral health management of children and adolescents with HIV infections.

BIBLIOGRAPHIC SOURCE(S)

New York State Department of Health. Oral health management of children and adolescents with HIV infection. New York (NY): New York State Department of Health; 2003. 10 p. [6 references]

COMPLETE SUMMARY CONTENT

SCOPE

METHODOLOGY - including Rating Scheme and Cost Analysis

RECOMMENDATIONS

EVIDENCE SUPPORTING THE RECOMMENDATIONS

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

IMPLEMENTATION OF THE GUIDELINE

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT

CATEGORIES

IDENTIFYING INFORMATION AND AVAILABILITY

SCOPE

DISEASE/CONDITION(S)

- Human immunodeficiency virus (HIV) infection
- Oral lesions and periodontal disease
 - Oral candidiasis
 - Angular cheilitis
 - Parotid swelling
 - Caries and gingivitis
 - Xerostomia
 - Aphthous ulcers
 - Herpetic stomatitis
 - Hairy leukoplakia
 - Kaposi's sarcoma
 - Linear gingival erythema
 - Periodontitis

GUIDELINE CATEGORY

Diagnosis

Evaluation

Management

Prevention
Screening
Treatment

CLINICAL SPECIALTY

Allergy and Immunology
Dentistry
Family Practice
Infectious Diseases
Pediatrics

INTENDED USERS

Dentists
Health Care Providers
Physician Assistants
Physicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

To develop guidelines for oral health management in children and adolescents with human immunodeficiency virus (HIV) infection

TARGET POPULATION

Human immunodeficiency virus (HIV)-infected children and adolescents

INTERVENTIONS AND PRACTICES CONSIDERED

Screening, Diagnosis, and Evaluation

1. Initial dental screening
2. Preventive information and anticipatory guidance regarding bottle-feeding, eruption sequence, and infant oral hygiene
3. Primary care provider and oral health care provider communication, coordination, and education

Prevention and Treatment

1. Anticipatory guidance
2. Food and medicine removal on the oral tissues (mucosa, gingiva) and on the teeth
3. Orthodontic care
4. Treatment strategies according to age, medical condition, and previous oral health history (e.g., cleanings, sealant applications, fluoride supplementation, specific dental hygiene routines)

Management of Oral Lesions and Periodontal Disease

1. Diagnosis, observation, and management of oral mucosa lesions
2. Maintenance of adequate caloric intake

Oral Candidiasis

1. Oral rinsing
2. Nutritional and medication (antifungal) management
3. Routine cleaning of mucosal and gingival tissue

Angular Cheilitis

1. Assessment of diet, oral habits and/or HIV status
2. Provision of nutritional support and vitamin supplements

Caries and Gingivitis

Comprehensive restorative care

Xerostomia

1. Use of sugarless gum
2. Frequent consumption of water or highly diluted fruit juices

Aphthous Ulcers

1. Topical steroids and anesthetics
2. Oral steroids

Herpetic Stomatitis

Support therapies, such as topical medications

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
 Hand-searches of Published Literature (Secondary Sources)
 Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus (Committee)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The Human Immunodeficiency Virus (HIV) Guidelines Program works directly with committees composed of HIV Specialists to develop clinical practice guidelines. These specialists represent different disciplines associated with HIV care, including infectious diseases, family medicine, obstetrics and gynecology, among others. Generally, committees meet in person 3-4 times per year, and otherwise conduct business through monthly conference calls.

Committees meet to determine priorities of content, review literature, and weigh evidence for a given topic. These discussions are followed by careful deliberation to craft recommendations that can guide HIV primary care practitioners in the delivery of HIV care. Decision making occurs by consensus. When sufficient evidence is unavailable to support a specific recommendation that addresses an important component of HIV care, the group relies on their collective best practice experience to develop the final statement. The text is then drafted by one member, reviewed and modified by the committee, edited by medical writers, and then submitted for peer review.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Please note: This guideline has been updated. The National Guideline Clearinghouse (NGC) is working to update this summary. The recommendations that follow are based on the previous version of the guideline.

The Primary Care Provider's Role in Oral Health Care

The primary care provider should perform an initial dental screening at approximately 12 months of age in human immunodeficiency virus (HIV)-infected children. Preventive information and anticipatory guidance regarding bottle-feeding, eruption sequence, and infant oral hygiene should be given to parents at this time. By 24 months of age, children should be referred to an oral health care provider.

The primary care provider should inform the oral health care provider of important changes in the patient's status and supply current information that may influence dental treatment, including staging of the patient's disease, medications, nutritional status, and laboratory tests (e.g., recent CD4/CD8 counts, viral load, and platelet count).

The primary care provider and the oral health care provider should discuss preventive and restorative dental treatment plans, work collaboratively to resolve questions of contraindications to dental procedures, and coordinate medical procedure appointments with dental procedure appointments.

The primary care team should teach and empower patients and caregivers by giving them the knowledge necessary to provide consistent and appropriate oral, dietary, and medication guidance.

Considerations for Prevention and Treatment Planning

Dental treatment modifications for children and adolescents should be based on the patient's medical condition rather than HIV status.

The primary care team should follow the American Association of Pediatric Dentistry (AAPD) guidelines for anticipatory guidance.

Oral hygiene instructions should be given to patients and caregivers, and, for young children, the caregiver's role in the oral hygiene process should be stressed. Residue of food and medicine on the oral tissues (mucosa, gingiva) and on the teeth should be removed by the caregivers of young children and independently by older children through rinsing with water or mechanical cleansing.

Adolescents should be evaluated for and should receive appropriate orthodontic care. HIV infection alone is not a contraindication to orthodontic care; each case should be assessed according to the risks and benefits for the individual patient.

The following indicators should be considered in devising the best treatment strategies for each patient:

- Age of the child/adolescent (the frequency of cleanings, sealant application, and specific dental hygiene routines will vary with age).
- Medical condition (progression of HIV may affect risk of procedure or may increase infections; specific medications may be cariogenic or may affect risk of anesthesia).
- Previous oral health history (previous history of dental problems may warrant more aggressive measures).

Oral lesions and periodontal disease in the HIV-infected pediatric patient

Oral and primary health care providers should work together to provide diagnoses, observation, and management of any lesions that disrupt the integrity of the oral mucosa in children.

Because nutrition often plays a role in the prevention of oral lesions, maintaining and increasing caloric intake is critical.

Oral candidiasis

Oral rinsing, nutritional and medication management, and routine cleansing of the entire mucosal and gingival tissue area beginning at birth may help control oral Candida and delay the progression of oral candidiasis. (See Table 2 in the original guideline for suggested antifungal therapies.)

Angular cheilitis

The provider should assess the diet, oral habits, and/or HIV status of a child with angular cheilitis. The primary care team should collaborate regarding issues of nutritional support and vitamin supplementation, which may improve this condition in children.

Caries and gingivitis

Extensive caries or chronic demineralization should be treated definitively with comprehensive restorative care as soon as possible.

Xerostomia

Sugarless gum and frequent consumption of water or highly diluted fruit juices should be used to alleviate xerostomia.

Aphthous ulcers

Aphthous ulcers should be managed with topical corticosteroids and anesthetics. Sometimes a short course of oral corticosteroids can hasten resolution.

Herpetic stomatitis

Supportive therapies, such as topical medications, should be used in children with herpetic stomatitis to encourage hydration and the intake of food.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting the recommendations is not stated.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate oral health management of human immunodeficiency virus (HIV)-infected children and adolescents including general screening and treatment, and management of oral lesions and periodontal disease.

POTENTIAL HARMS

Growing evidence shows that prolonged and chronic use of antifungal medications has limitations, such as resistant strains, toxicity, and deleterious effects on immature organ systems. Furthermore, both the sucrose in some antifungal preparations and the juice or milk that may be added to ensure adherence will increase the risk of caries. Elimination of the feeding bottle by weaning to a cup as early as possible may reduce candidiasis risk and frequency.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Following the development and dissemination of guidelines, the next crucial steps are adoption and implementation. Once practitioners become familiar with the content of guidelines, they can then consider how to change the ways in which they take care of their patients. This may involve changing systems that are part of the office or clinic in which they practice. Changes may be implemented rapidly,

especially when clear outcomes have been demonstrated to result from the new practice such as prescribing new medication regimens. In other cases, such as diagnostic screening, or oral health delivery, however, barriers emerge which prevent effective implementation. Strategies to promote implementation, such as through quality of care monitoring or dissemination of best practices, are listed and illustrated in the companion document to the original guideline (HIV clinical practice guidelines, New York State Department of Health; 2003), which portrays New York's HIV Guidelines Program. The general implementation strategy is outlined below.

- Statement of purpose and goal to encourage adoption and implementation of guidelines into clinical practice by target audience.
- Define target audience (providers, consumers, support service providers)
 - Are there groups within this audience that need to be identified and approached with different strategies (e.g., HIV Specialists, family practitioners, minority providers, professional groups, rural-based providers)
- Define implementation methods
 - What are the best methods to reach these specific groups (e.g., performance measurement consumer materials, media, conferences)?
- Determine appropriate implementation processes
 - What steps need to be taken to make these activities happen?
 - What necessary processes are internal to the organization (e.g., coordination with colleagues, monitoring of activities)?
 - What necessary processes are external to the organization (e.g., meetings with external groups, conferences)?
 - Are there opinion leaders that can be identified from the target audience that can champion the topic and influence opinion?
- Monitor Progress
 - What is the flow of activities associated with the implementation process and which can be tracked to monitor the process?
- Evaluate
 - Did the processes and strategies work? Were the guidelines implemented?
 - What could be improved in future endeavors?

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

New York State Department of Health. Oral health management of children and adolescents with HIV infection. New York (NY): New York State Department of Health; 2003. 10 p. [6 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2003

GUIDELINE DEVELOPER(S)

New York State Department of Health - State/Local Government Agency [U.S.]

SOURCE(S) OF FUNDING

New York State Department of Health

GUIDELINE COMMITTEE

Committee for the Care of Children and Adolescents with HIV Infection

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

Please note: This guideline has been updated. The National Guideline Clearinghouse (NGC) is working to update this summary.

GUIDELINE AVAILABILITY

Electronic copies of the updated guideline: Available from the [New York State Department of Health AIDS Institute Web site](#).

Print copies: Available from Office of the Medical Director, AIDS Institute, New York State Department of Health, 5 Penn Plaza, New York, NY 10001; Telephone: (212) 268-6108

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- HIV clinical practice guidelines. New York (NY): New York State Department of Health; 2003. 36 p.

Electronic copies: Available from the [New York State Department of Health AIDS Institute Web site](#).

Print copies: Available from Office of the Medical Director, AIDS Institute, New York State Department of Health, 5 Penn Plaza, New York, NY 10001; Telephone: (212) 268-6108.

PATIENT RESOURCES

None available

NGC STATUS

This summary was prepared by ECRI on January 21, 2004.

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Date Modified: 11/8/2004

The logo for FIRSTGOV, with "FIRST" in blue and "GOV" in red, and a small red star above the "I".

